

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
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22	71					
23	21					
24	71					
25	71					
26	71					
27	71					
28	21					
29	21					
30	1					
31	1					
32						
33						
34						
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42						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	120					
TOTAL CLAIMS	191					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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